

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO:

10/583913

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.		DEP.		IND.			IND.		DEP.		IND.		
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TOTAL CLAIMS	7													
TOTAL IND.													↓	↓
TOTAL DEP.												←	←	←
TOTAL CLAIMS														